



DSA Brucellosis Testing / Adult Vaccinating Invoice

Veterinarian: _____

Date submitted: _____

Address: _____

City/State/Zip: _____

Phone: _____

Veterinarian Signature

Owner/Ranch/Market Name		Test type: 1) Ranch 2) Market	Test/AV Reason Code (see below)	Test/AV Date	Accession #	Total # tested/ AV	Rate/ head (see below)	Total \$
Owner/Ranch/Market Address								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
TOTAL INVOICE AMOUNT							\$	

Test/AV Reason	Code
Sale	1
Movement	2
Entire Herd test	3
Adult vaccination	4
Other (please specify)	5

	Rate per head
Ranch testing – 1-10 head	\$12.00
Ranch testing – 11-50 head	\$10.00
Ranch testing – over 50 head	\$7.50
Testing at livestock markets	\$7.50
Chute fee – livestock markets	\$1.00
Adult vaccination (on ranch or at clinic)	\$4.00